

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42270

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Linneus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jerome Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 years  
(Specify whether years, months or days)  
In this community 7 years

3. (a) PRINT FULL NAME

Elizabeth Agnes Brown

3. (b) If veteran,

name war XXXX

3. (c) Social Security

No. XXXXXX

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife XXXX

6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased March 23  
(Month) (Day) (Year)

1863  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

8

23

hr. min.

9. Birthplace

Knox County  
(City, town, or county)

Indiana  
(State or foreign country)

10. Usual occupation

At home

11. Industry or business

xxxxxxx

12. Name

William McKinley

13. Birthplace

xxxxxxx  
(City, town, or county)

xxxxxxx  
(State or foreign country)

14. Maiden name

Sarah Elliott

15. Birthplace

xxxxxxx  
(City, town, or county)

xxxxxxx  
(State or foreign country)

16. (a) Informant

Mrs Ray Lee

(b) Address

Purdin, Missouri

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

12/18/1947  
(Month) (Day) (Year)

(c) Place: burial or cremation

Grantsville Cemetery

18. (a) Signature of funeral director

Thorne Updt. Co.

(b) Address

Linneus, Mo. (W. L. Lay Co.)

19. (a)

DEC 26 1947  
(Date received local registrar)

Mrs Budie Keller  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th  
year 1947 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from

1937 to Dec 16, 1947  
that I last saw him alive on Dec 15, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

10 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

J. R. McArthur

(M. D. or other)

Address

Browning, Missouri

Date signed 12/17

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**